



Bruise Injury Questionnaire

Part 1: Examination of the Parents and Home Environment

Parent/Guardian Details

- May I have your full legal name as it appears on your driver's license or ID card?
- What is your current age and date of birth?
- Can you clarify your relationship to the child (e.g., biological parent, step-parent, legal guardian)?
- What is your current occupation, and if employed, the name and address of your workplace?
- Could you detail your educational background, including the highest level of education completed and the name of the last institution attended?
- What are your primary and alternative contact numbers?
- Who is your mobile phone service provider, and do you have any social media accounts or email addresses you could provide?
- What is your current home address and how long have you been living there? Did the injury occur at this address, or elsewhere?
- Do you own or regularly use a vehicle? If so, could you provide its details?

Parent's Background

- Can you describe your earliest childhood memories and family dynamic during your childhood and adolescence?
- How would you describe your relationship with your parents and caregivers growing up?
- Were there any significant events or experiences in your childhood that you think impacted you?
- Did you face any particular challenges or difficulties during your childhood or adolescence?
- Who did you turn to for support during tough times in your childhood?
- How do you think your childhood experiences have influenced your approach to parenting?
- Was there any history of abuse, neglect, or other issues in your family when you were growing up?
- What coping mechanisms did you develop during your childhood and adolescence?
- Looking back, how do you feel about your childhood and adolescent experiences?

Family History and Composition

- Is there a history of genetic or neurological conditions in your family that could be relevant to your child's health?
- Are there any other medical conditions in your family history that we should be aware of?
- Could you list all the people who currently live in your household, including their names, ages, and relationship to you and the child, and how long have these individuals been living together?
- Have there been any recent additions to or changes in your household, such as a new partner, child, roommate, or visitor?
- Are there extended family members or friends who frequently visit or stay at your home?
- Who else has been around the child during the timeframe for the incident?



Bruise Injury Questionnaire

- Does anyone in the household have any significant health issues or disabilities that we should be aware of?
- Are there any cultural, religious, or traditional practices observed in your household? What languages are spoken?

Home Atmosphere and Environment

- Could you walk me through a typical day in your household from morning to night, including weekdays and weekends?
- What are the usual activities and responsibilities of your child within the household?
- How does the family spend leisure time together?
- Can you describe your family's typical meal routines and the sleeping arrangements, particularly for the child?
- What are the general rules and expectations for behavior in your household?
- Who currently lives in your household and what are their daily schedules?
- Can you describe the living arrangements and sleeping arrangements within your home?
- How would you describe the general atmosphere of your home?
- Have there been any recent changes in your household, such as someone moving in or out?
- Does your child have a personal space or room? How is it set up for their needs and safety?
- How do the members of your household typically interact with each other?

Siblings and Other Family Members

- How does your child interact with their siblings, and are there instances of rivalry or conflict?
- How often does your child interact with extended family members?
- How do other family members contribute to your child's upbringing and care?
- Is there a particular family member your child is especially close to?
- Are there family traditions or gatherings that your child particularly enjoys?
- How do you think your family dynamics affect your child?
- Have you noticed any changes in your child's behavior when they are with different family members?
- How well do other family members understand and respond to your child's needs?
- Do you think any family member has a particularly strong influence on your child? In what way?
- How involved is your child in family decisions and discussions?
- How would you describe the overall communication style within your family?

Discipline, Parenting Styles, and Behavior Management

- Can you describe how you typically approach discipline with your child and provide an example of a recent situation where you had to discipline your child?
- How consistent are the disciplinary approaches between different caregivers in the household?
- How do you typically respond when your child misbehaves or does not follow the rules?
- Do you use any forms of positive reinforcement or rewards? Can you give an example?



Bruise Injury Questionnaire

- How do you communicate with your child about their behavior and the consequences of their actions?
- What are some challenges you face in parenting, and how do you address them?
- Do you seek any resources or support for parenting, such as books, classes, or online forums?
- What are the key values or goals you try to instill in your child through your parenting?
- How are conflicts typically resolved in your family?
- Do you use physical discipline? If so, can you describe how and under what circumstances?
- Do you use a system of rewards or consequences for your child's behavior?

Response to Child's Crying or Distress

- How do you typically react when your child cries or shows signs of distress?
- What methods do you use to soothe or calm your child?
- How often does your child experience periods of crying or distress?
- Have you ever sought help or advice on how to handle your child's crying or distress?
- How do you manage your own stress during your child's episodes of crying or distress?
- Have you noticed any patterns or triggers that lead to your child's distress?

Family Stressors and Recent Changes

- Have there been any significant events recently that have caused stress in the family?
- Can you describe your current financial situation and any stresses it may be causing?
- How would you describe the relationships between family members, including any tensions or conflicts?
- Are there any ongoing health issues within the family that might be affecting your household dynamics?
- How do you and other adults in the household balance work and family responsibilities?
- Are there any external pressures or stressors affecting your family, such as community issues or broader societal factors?
- Have there been any recent changes in your family structure, such as a birth, death, marriage, divorce, or new members moving in or out?
- Have you or anyone in your household recently experienced any significant changes in employment, such as starting a new job, losing a job, or changing work hours?
- Have there been any recent changes in your family's financial situation that have been particularly stressful?
- Have there been any recent health issues or medical diagnoses within your family?
- Have you noticed any significant emotional or behavioral changes in your child or other family members recently?
- Has there been a recent change in your or your child's daily routine or lifestyle?
- Has your family moved or experienced a significant change in living conditions lately?
- Have there been any recent conflicts or significant disagreements within the family?
- Have external factors, such as community events or broader societal issues, recently impacted your family?



Bruise Injury Questionnaire

- How have these changes or events affected your support system or social network?

Safety Measures and Emergency Contacts

- What safety measures do you have in place at home to ensure your child's safety?
- Do you have an emergency plan at home? Can you describe it?
- Are you or anyone in the household trained in first aid or CPR?
- Who are the emergency contacts for your child? Can you provide their names and contact information?
- How would you describe the safety of your neighborhood?
- Is your child aware of what to do in case of an emergency?
- What safety measures do you use when transporting your child (e.g., car seats, booster seats)?
- How quickly can you access emergency services from your home?
- Does your child have any allergies or medical conditions that emergency responders should be aware of?
- What safety skills has your child been taught (e.g., not talking to strangers, road safety)?
- What measures do you take to ensure your child's safety when using the internet or technology?

Child's Supervision

- Can you describe the typical supervision your child receives at home and elsewhere?
- Who else supervises your child, and what instructions do you provide them regarding safety?
- Are there times when your child is left unsupervised? If so, under what circumstances?
- How is your child supervised during play, especially in potentially hazardous situations?
- Have there been any recent changes in how your child is supervised?

Support Systems

- Who is in your support network currently, and how often do you interact with them?
- Who do you turn to for advice or help regarding parenting?
- Are you involved in any community groups, clubs, or organizations?
- Have you sought any professional support for personal or parenting challenges?
- How involved is your extended family in your life and parenting?
- Can you tell me about your close friendships and social connections?
- How has your support system influenced your parenting?
- Have there been any recent changes in your support system?
- In case of an emergency, who would you contact first?
- Do you have any role models or mentors who influence your parenting?
- Have you ever participated in support groups, parenting classes, or workshops?

Emotional and Psychological Support

- What kind of emotional or psychological support do you receive, if any?



Bruise Injury Questionnaire

- Have you considered seeking emotional or psychological support for yourself or your family following this incident?
- What coping mechanisms or support systems do you currently have in place?
- How has this incident impacted the dynamics within your family?
- Access to Medical Care and Interaction with Healthcare Professionals
- How easily can you access medical care for your child?
- How often does your child go for health check-ups?
- In case of an emergency, what is your process for obtaining medical care for your child?
- Do you have health insurance for your child, and how does it affect your access to medical care?
- What have been the main topics of your recent discussions with healthcare professionals about your child?
- What follow-up actions or advice were given by healthcare professionals?
- Have you raised any concerns about your child's health or development with professionals?
- What observations or concerns have healthcare professionals shared with you about your child?

Parental Concerns and Observations

- Have you observed any recent changes or concerns in your child's behavior or health?
- Are there any developmental milestones that you are particularly concerned about for your child?
- How do you assess your child's emotional well-being?

Parent's Perspective and Concerns

- Are there any general concerns you have about your child's overall well-being?
- Do you have any specific worries regarding your child's physical health?
- Are there any aspects of your child's emotional or mental health that concern you?
- How do you feel about your child's interactions and relationships with peers?
- Do you have any concerns about your child's academic performance or interests in school?
- Are there any safety-related worries you have, either at home, school, or in your community?
- What are your hopes and aspirations for your child's future?
- What challenges do you face in parenting that you feel could use additional support?
- Are there any aspects of your family dynamics that you think might be impacting your child?
- Have you observed any behaviors in your child that you find puzzling or concerning?
- Do you feel you have adequate support systems in place for both yourself and your child?
- Are there any cultural or community factors that you feel are important in understanding your child's situation?

Parent-Child Relationship

- How would you describe your overall relationship with your child?
- How do you and your child typically communicate with each other?
- What activities do you and your child do together, and how often do these occur?
- How does your child typically respond to your rules and decisions?



Bruise Injury Questionnaire

- In what ways are you involved in your child's daily life, such as school activities, hobbies, and friendships?
- How do you provide emotional support to your child?
- How do you assess and respond to your child's needs?
- In what ways do you think you serve as a role model for your child?
- What are your hopes and aspirations for your child's future?
- How do you typically react when your child makes a mistake or fails at something?
- How aware are you of your child's worries or concerns?
- How often do you discuss values, beliefs, and life lessons with your child?

Part 2: Examination of the Child-Victim

Child Details

- May I have the full legal name of your child as it appears on their birth certificate or other legal identifying documents?
- What is your child's current age and date of birth?
- Where was your child born (city and hospital)?
- What is your child's gender?
- Can you describe your child's relationship with their siblings and other family members?
- Who is your child's primary medical provider, and what is the name of your child's medical insurance provider? Can you provide the policy number?
- Where does your child attend school or daycare? Can you provide the name and address?
- Does your child have any social media accounts or an online presence we should be aware of?
- Does your child have any known allergies, medical conditions, or regular medications?
- Who are the designated emergency contacts for your child, besides yourself?
- Do you happen to have a recent photograph of your child on your phone or social media that you could provide?

Child's Behavior and Temperament

- How would you generally describe your child's behavior in various settings such as home, school, and social gatherings?
- Would you say your child is more outgoing or reserved? Energetic or calm?
- How does your child typically react to new situations or unfamiliar environments?
- How does your child usually express emotions like happiness, anger, or sadness?
- How does your child interact with other children, both in familiar and unfamiliar settings?
- How does your child behave around adults, such as teachers, family friends, or relatives?
- How does your child handle frustration or anger?
- Are there specific fears or anxieties that your child has? How do they typically respond to these feelings?
- What kinds of play or activities does your child enjoy most?
- What are your child's daily routines and habits, including eating, sleeping, and play?



Bruise Injury Questionnaire

- How would you describe your child's attention span and ability to concentrate on tasks or play?
- How does your child react to rules and boundaries set at home or school?

Child's Normal Behavior and Development

- Can you describe a typical day in your child's life, including their usual behaviors and activities?
- How does your child typically interact with others and engage in play?
- Can you describe your child's communication skills and language development?
- How does your child typically express emotions?
- What observations have you made about your child's learning and cognitive abilities?

Healthcare and Education

- Who is your child's primary healthcare provider? Can you provide their contact information?
- How often does your child visit their healthcare provider for regular check-ups?
- Does your child see any specialized healthcare providers, such as a pediatrician, dentist, or therapist?
- Can you provide a brief history of your child's health, including any significant illnesses or hospitalizations?
- Is your child currently taking any medications or undergoing any treatments?
- Has your child met all their developmental milestones? Have there been any concerns in this area?
- What type of school or daycare does your child attend? Can you provide the name and address?
- How would you describe your child's experience at school or daycare?
- Does your child face any learning challenges or disabilities that impact their education?
- How is your child performing academically? Are there any areas of concern?
- How frequently do you communicate with your child's teachers or school officials?
- Is your child involved in any extracurricular activities or after-school programs?
- What are your child's homework and study habits like?

Previous Medical History

- Could you provide a complete medical history of your child from birth to the present?
- Has your child ever been injured or hospitalized in the past? If so, can you provide details about these incidents?
- Does your child have any chronic medical conditions or ongoing treatments?
- Is your child up to date on vaccinations? Can you provide a record of these?
- Can you discuss the developmental milestones your child has achieved? Have there been any concerns in this area?
- Has your child ever had a neurological assessment or brain imaging done?
- Is your child currently on any medication? Does your child have any known allergies?
- Are there any genetic or hereditary conditions in your family that could affect your child's health?



Bruise Injury Questionnaire

- How regularly does your child visit a pediatrician? What have been the outcomes of recent check-ups?
- Can you describe your child's diet and nutritional intake? Are there any special dietary needs or concerns?

Changes in Behavior or Health

- Have you noticed any recent changes in your child's behavior or mood?
- Are there changes in how your child interacts with family, friends, or classmates?
- Have there been any noticeable changes in your child's eating habits or appetite?
- Have there been changes in your child's sleeping patterns or quality of sleep?
- Have you observed any changes in your child's performance or behavior at school?
- Have there been any recent changes in your child's physical health or any new medical concerns?
- Has your child been experiencing frequent emotional outbursts, mood swings, or periods of sadness or withdrawal?
- Has your child lost interest in activities they usually enjoy?
- Does your child communicate about their feelings, and have these communications changed recently?
- Have you noticed any regression or advancements in your child's behavior or developmental milestones?
- How does your child respond to comfort or reassurance during times of distress?
- Have teachers, caregivers, or other adults made any comments about changes in your child's behavior or health?

Recent Health Concerns

- Prior to this incident, had your child been experiencing any illnesses or unusual symptoms?
- Have you noticed any recent changes in your child's appetite or sleep patterns?
- Has your child had any recent falls, accidents, or injuries?
- Have there been any recent changes in your child's behavior that concerned you?
- Were there any physical symptoms, such as vomiting, dizziness, or seizures, observed recently?

Part 3: Examination of the Bruise Injury Incident

Account and Description of the Incident

- Can you specify the date and time when the incident occurred and the circumstances leading up to it?
- Where exactly did the incident take place and who was present at the time?
- Can you walk me through the sequence of events as they unfolded?
- How was your child behaving before the incident took place?
- What were your actions leading up to, during, and following the incident?
- How did you and others present respond immediately after the incident?
- Were any injuries observed on the child? If so, what were they, and how were they treated?



Bruise Injury Questionnaire

- Who did you talk to about the incident afterward, and what was discussed?
- Have there been any similar incidents in the past?
- Have you noticed any changes in your child's behavior since the incident?
- Was the incident reported to any authorities or medical professionals? If so, when and to whom?
- Looking back, is there anything about the incident or the situation leading up to it that you would change or handle differently?
- What was the first sign or symptom you noticed that indicated something was wrong?
- Can you provide a detailed sequence of events leading up to noticing these signs?
- How did your child react when you first noticed the problem?
- What physical symptoms or signs did you observe in your child?
- Were there any other unusual occurrences or observations around the time you noticed the issue?

Child's Behavior and Environment Before the Incident

- How was your child behaving in the hours leading up to the incident?
- Did you notice any changes in your child's mood or temperament in the days before the incident?
- Was there any change in your child's level of physical activity or energy in the days or hours before the incident?
- How did your child interact with you and other caregivers before the incident?
- Were there any changes in your child's routine, environment, or caregivers in the days leading up to the incident?
- Have there been any significant changes in your child's daily routine recently?
- Have there been changes in the people who care for your child, including babysitters, daycare, or family members?
- How have these changes affected your child's behavior and well-being?

Timeline and Caregivers Present During the Incident

- Can you describe the 24 hours leading up to when you first noticed something was wrong?
- What was your child doing in the hours before the incident? Were there any unusual behaviors?
- Where was your child during this period? Can you describe the environment and any potential hazards?
- When was the last time you observed your child appearing normal and healthy before the incident?
- Were there any recent stressors or unusual events in the household that day or the days leading up?
- Who was the primary caregiver when these symptoms were first observed?
- Were there other people present at the time, such as family members, friends, or neighbors?
- Can you provide the account of the incident from the perspective of the caregiver present?
- Who usually takes care of the child, and were they present at that time?



Bruise Injury Questionnaire

- Was there any visitor or new person in the household around the time of the incident?
- How did the child interact with the caregivers or others present before the symptoms appeared?
- Was the child left alone at any time during the day, and if so, for how long?

Immediate Response and Awareness of Previous Injuries

- How did you assess the severity of the bruises when you first noticed them?
- What steps did you take to comfort your child when you discovered the bruises?
- How did you discuss the bruises with your child to understand how they occurred?
- What immediate actions did you take upon noticing something was wrong?
- How did you decide to seek medical attention, and what was the process?
- What specific first aid techniques or treatments did you use for your child's bruises?
- Did you seek any advice or information on how to care for your child's bruises, such as from health websites, books, or healthcare professionals?
- How have you monitored the bruises' progression or healing process?
- Did you communicate with anyone else about the situation? Who and what was discussed?
- How did you and others around respond to your child's symptoms?
- How calm or distressed were you, and how did that affect your decisions?
- Did you do any research on what could have caused this type of injury?
- Did you seek any advice from anyone about this injury?
- Prior to this incident, had you noticed any injuries, bruises, or unusual marks on your child?
- Have there been instances where your child received medical attention for injuries?
- How were previous injuries explained or accounted for?
- How do you monitor and keep track of any injuries your child sustains?

Initial Observation

- Over what time frame did you notice the bruises appearing on your child?
- What activities was your child involved in before you noticed the bruises?
- Was your child feeling well physically before you noticed the bruises?

Description of the Incident

- What are your thoughts or theories about how these bruises could have occurred?
- Did your child offer an explanation for how they got the bruises?
- Were there any witnesses present when you believe the bruising might have occurred?

Location and Number of Bruises

- Is there a pattern or distribution to the bruises that you have noticed (e.g., predominantly on the arms, legs, back)?
- How do these bruises compare to any previous bruising your child might have experienced?



Bruise Injury Questionnaire

Appearance of Bruises

- Do the bruises appear to be at different stages of healing?
- Are there any unusual marks or shapes within or around the bruising that you can identify?

Child's Reaction

- Have you noticed any changes in your child's behavior or demeanor since the bruises appeared?
- Does your child express any pain or discomfort when the bruised areas are touched or moved?
- How did your child emotionally react both when the bruises were noticed and when they were discussed?

Additional Context and Activities Prior to Injury

- Have there been any recent changes in your child's lifestyle, routines, or behaviors that might be relevant?
- Can you describe your child's typical activity level and play habits? Do they often engage in rough play or activities?
- Have you had discussions with your child about reporting injuries or accidents when they happen?

Supervision Details

- Can you elaborate on how your child was being supervised? For instance, was the supervisor in close proximity, or were they supervising from a distance?
- Was the person supervising your child aware of any incidents or rough play that could have led to the bruising?
- Is this level and type of supervision typical for your child?
- What was the immediate response of the supervisor upon noticing the bruises?

Safety Precautions

- Were there specific safety measures or guidelines in place for the activities your child was engaged in?
- Has your child been instructed or trained on how to safely engage in these activities?
- Have there been any previous incidents or concerns that led to implementing specific safety measures?
- Was any safety equipment (like helmets, padding) used or available during these activities?

Environment Description

- Were there any potential hazards in the environment where the bruising occurred (e.g., hard surfaces, sharp corners, clutter)?
- Can you describe the specific location (e.g., playground, home, school) where the injuries might have occurred?
- Have there been any recent changes to this environment that could have contributed to the risk of injury?



Bruise Injury Questionnaire

Awareness of Potential Risks

- Have there been previous incidents where your child got bruises? What were the causes?
- Have you had discussions with your child about safety and avoiding activities that might lead to bruising?
- How do you monitor or manage your child's involvement in activities that could be potentially risky?

Decision to Seek Medical Care

- What specific factors or concerns led to your decision to seek medical care for your child?
- If there was a delay in seeking medical care, can you explain the reasons behind this?
- How did you choose the healthcare provider or facility you took your child to for treatment?

Previous Bruise Injuries

- How often has your child had bruise injuries in the past, and have you noticed any patterns in their occurrence?
- How has the healing process been for past bruises? Did they take longer than usual to heal?
- Have you discussed these previous bruising incidents with healthcare providers? What was their assessment?

Known Blood Disorders or Conditions

- Has your child been diagnosed with any blood disorders or conditions? What treatments, if any, are being administered?
- Is there a history of blood disorders or easy bruising in your family?
- How does this condition affect your child's daily activities and lifestyle?
- How do you monitor and manage this condition in your child?

Regular Medications or Treatments

- Can you provide details on the specific medications or treatments your child is on, including any known side effects related to bruising?
- Have there been any recent changes in your child's medication or treatment regimen?
- How consistent is your child with taking their medications or undergoing treatments?

Allergies or Sensitivities

- Can you describe any reactions your child has had to known allergens?
- What preventive measures do you take to protect your child from exposure to allergens?
- Does your child exhibit any skin sensitivities or reactions related to allergies?

Access to Objects that Could Cause Bruising

- What childproofing or safety measures are in place to prevent your child's access to objects that could cause bruising?



Bruise Injury Questionnaire

- How is your child supervised in areas where they might have access to objects that could cause injury?
- How aware is your child of the risks associated with these objects, and what instructions have they been given?
- Can you describe in detail your interaction with your child immediately before and after you noticed the bruising?

Observations by Others

- Did your child provide any information about how the bruising may have occurred during your interaction?
- Have other caregivers, teachers, or individuals who regularly interact with your child made any observations or comments about your child's condition, especially regarding bruising or injuries?
- Can you provide names and contact information for these individuals who may have noticed changes in your child's physical condition?

Family History of Bruising and Emotional Impact

- Is there a known history of your child or any family members bruising easily or experiencing similar injuries in the past?
- Have any family members ever sought medical attention or treatment for similar issues, and if so, can you provide details about those instances?
- How has the appearance of these bruises affected you and your family emotionally and psychologically?
- Have you or any family members sought counseling or support services to cope with the emotional impact of these injuries?

Safety Measures Post-Incident

- Have you implemented any new safety measures in your home following the discovery of these injuries to prevent future incidents?
- If so, please provide details about the specific safety measures or changes you have made.